

APPENDIX A

Reimbursement Payment Request

Grant Expenditure Supporting Documentation

Checklist

The checklist contains the items that must be included with the Reimbursement Payment Request. Please use the checklist to ensure that the payment request is complete.

For all programs, the grantee must submit the following:

_____ Reimbursement Payment Request Form – Appendix C (WORD format)

This document must be dated and signed by an appropriate representative for the grantee. Please complete the form and include the name of the program, the SWIFT purchase order number (300000XXXX), the sequence of the request (for example, the first request would be #1), and the period of time the request covers.

This document must be dated and signed by an appropriate grantee representative.

_____ Budget Expenditure Spreadsheet – Appendix E (Excel format)

The Budget Expenditure Spreadsheet is customized to reflect the grantee's individual budget items, allowable expenses and is part of the grantee's Grant Agreement. This will help track budget line items to ensure funding is being expended by budget categories.

_____ Reimbursement Supporting Documentation

Grantees will submit copies of receipts, invoices, mileage logs and signed payroll records when specified in the Grant Agreement. This information is required to determine what part of the program the expenses are being directed to.

_____ Travel Log – Appendix F (Excel format)

Grantees will submit a Travel Log when specified in the Grant Agreement.

_____ Final Report (narrative describing the Grant Outcomes)

The Final Report format is as specified in the grantee's Grant Agreement.

_____ Organization Compliance Report (submitted with the Final Report) Appendix G

A statement by the grantee certifying the grant funds were expended according to State specifications.

APPENDIX C
Reimbursement Payment Request Form

SWIFT PO Number:	Grantee:	Program Name:
Request Number Period for which funds are being requested: From: _____ To: _____ Amount of Request \$ _____ Final Request: Y / N	<input type="checkbox"/> I certify that I am authorized to report these grant expenditures, and that all services rendered, materials purchased, and expenditures reported are as shown within the attached supporting documentation. <u>I certify that the expenditures reported have not been reimbursed from another source, and were used exclusively for this program.</u> Copies of these supporting documents are attached as required by the MDVA Grants Manual (Ref. Section IV.). Note: All original documentation (e.g. receipts, invoices, proof of payment, and signed payroll records) will be retained by the grantee as required by the MDVA Grants Manual (Ref. Section V.) <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Signature _____ Name, Title _____ Daytime Phone Number: _____ e-Mail: _____ </div> <div style="width: 35%;"> Date _____ </div> </div>	
Remarks:		

For MDVA Use Only

I have reviewed the evidence provided by the grantee for the goods, materials and/or services presented and they satisfy State requirements for reimbursement under the pass through agreement.	
Reimbursement approved for: \$ _____ By: _____ Title: _____ Date: _____ 2nd Review By: _____ Title: _____ Date: _____	<div style="border: 1px solid black; height: 200px; padding: 10px;"> Date Received </div>

Please keep originals of invoices and evidence of payment as documentation for payments, along with a copy of this completed form. Records must be retained for six (6) fiscal years from the end of the agreement.